

Osler A P H O R I S M S

S I R W I L L I A M
O S L E R

COLLECTED BY

Robert Bennett Bean, M.D. (1874-1944)

EDITED BY

William Bennett Bean, M.D.

R Aphorisms

FROM HIS BEDSIDE TEACHINGS
AND WRITINGS



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For Mother
in Memory of Father

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William Osler

“He was a keen observer, a brilliant clinician. His contributions to medicine and medical education were important. He was a great teacher. But his main strength lay in the singular and unique charm of his presence, in the sparkling brilliancy of his mind, in the rare beauty of his character and of his life, and in the example that he set to his fellows and to his students. He was a quickening spirit. . . .

“He taught us that the treatment of the patient was the most important element in the treatment of disease, that the patient not the disease was the entity.”

—*Thayer*

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Introduction

The trait of seeking a short cut to learning or to wisdom is accentuated in contemporary man; witness the great flourishing of the digest, the review, and the abstract. Much of the information one gets is at best several removes from the original. An anthology escapes this bane if it serves as an introduction to more extensive study of the subject. A further reason for collecting the sayings and writings of Sir William Osler is to introduce him to a new generation of medical students, and to refresh the memory of an older generation. In this larger sense these excerpts are offered as an incentive to further exploration of the writings and thus a more detailed consideration of the man. They reveal some of

the inner glow of William Osler which irradiated with wisdom and warmth the physicians of a whole epoch of medicine here and abroad.

The main fabric of this volume is a collection of notes made on rounds with Osler during student and early graduate days by my father, the late Robert Bennett Bean, M.D.* in the years 1903-4 and 1904-5. And what rounds they must have been! that each student and each patient was left with the feeling that they were directed at him personally and in particular.

It is easy to imagine Osler's charm because of the influence it continued to exert long after he was gone; but how describe it? A figure smaller than average, lithe and quick; the penetrating eyes and dark Celtic features whose incisiveness was made gentle by a

* W. B. Bean: "Robert Bennett Bean, M.D., 1874-1944," *Science*, 101:346, 1945.

H. E. Jordan, J. E. Kindred, and C. C. Speidel: "Robert Bennett Bean: 1874-1944," *Anatomical Record*, 92:6, 1945.

R. J. Terry: "Robert Bennett Bean, 1874-1944," *American Anthropologist*, 48:70, 1946.

capacity for "sunburnt mirth"; the careful observation of the sick person, who saw him as a friend even while being the subject of a most intense scrutiny; the summing up of facts and their evaluation in the light of fruitful and diligent work in ward, autopsy room, and library—and then the synthesis with clarity made luminous by the capacity to tell it in succinct phrase and deft epitome, to underscore the lesson driven home. Then the intimate brief friendliness before he moved on. Though it was diffused widely it never became attenuated and each person in the group felt that it was focused on him.

Such is my recollection of my father's recollection of Osler's rounds. My memory does not go back to the time when Osler was not a household word, almost even a household god. One high point in this association at second hand was my father's reading aloud Cushing's *Life of Osler* to our whole family, whose conscripted attention soon became voluntary, then eager—and how personally devastated we were at Revere's death. This

familiarity has deepened and widened since, and it has been an enriching experience.

Recognition of the usefulness as well as the wit of Osler's words caused many of the devoted students who followed Osler on his ward rounds to collect bedside aphorisms with their notes. This rescue from limbo has not proved permanent in some cases—many ultimately shared the fate of ephemera. No collection has been published. The coming to light of a miscellany of my father's student-day notes was incentive to prepare this collection. And thereby a story hangs.

The notes had been prepared in manuscript for publication, and reviewed by Osler, who gave permission for their release. They were withdrawn, however, because of the hubbub attending the vengeful distortion by the lay press of the "Fixed Period" address. Apparently this manuscript was lost, although Cushing had it and made use of it in his *Life of Osler*. Beyond supplying some quotations for the *Life*, a few have been used in commemorating the centennial of Osler's birth in a memorial tribute in the Archives

of Internal Medicine.* The collection which was found among my father's books after his death consists of notes on odd bits of paper, envelopes, hospital history sheets, et cetera. Probably much has been lost. Since the interest in these aphorisms should not be confined to those already familiar with Osler, it has seemed appropriate to seek for them a wider audience.

In trying to hit upon a useful pattern of presentation it became apparent that some of these fugitive aphorisms had been used by Osler in his addresses and texts both before and after they were employed in illuminating his teaching at the bedside. An effort to track them all down has proved too difficult to accomplish in any finished form, but some have been identified in exact or nearly exact replica. Even a cursory survey of Osler's writings discloses a wealth of epigrams—the self-sufficient epitome in a compact phrase, sentence, or paragraph. Of course many of these

* W. B. Bean: "Excerpts from Osler: A Mosaic of Bedside Aphorisms and Writings," *Archives of Internal Medicine*, 84:79, 1949.

are acknowledged quotations, and some are paraphrases; and no doubt some are the unconscious borrowings of an omnivorous reader with a retentive memory. Mine is too slender a scholarship to say what provenance they may have and stake out the proper claim. A few have been identified and so noted. Undoubtedly those more familiar than I with Osler's favorites, such as Thomas Browne, Burton, Fuller, and others, will recognize more.

In this connection, as an undergraduate student of medicine at the University of Virginia, I chanced to have read Sir Thomas Browne's *Religio Medici* just before reading Cushing's *Life of Osler* and thus happened to recognize an aphorism attributed to Osler as originating with Browne. I did not have the temerity to call this to Cushing's attention for what then to me were reasons enough; and it was not noted in the "Addenda" and "Corrigenda" to the *Life of Osler*. I would be grateful if readers identifying quotations in this volume as derived from

other sources, or resembling them, would oblige me by calling them to my notice.

I must thank in particular Dr. W. W. Francis for his kindness and generous labor in going over the manuscript, providing me with a lost copy of my father's original collection of notes, and for supplying the source of several quotations or paraphrases used by Osler. Dr. Archibald Malloch has been of assistance in a similar manner; and many others have kindly given advice or suggestions. I owe a debt of gratitude to Mr. Henry Schuman for his thoughtfulness and consideration in obtaining permission for the publication of the book.

So much then for what to many must seem a task of supererogation, an *apologia pro excerptis*, especially in an introduction to Osler. Though in his words and writings the field for selection is almost proof against error, the mood of contemporary man is compact of tender spots, paresthesias, and anesthetic regions. A seeming hardness of heart has beset him and, alerted for evil, he is on the defensive. But we all may have profit by

pausing from our too exclusive focus on the objective, the technical, and the scientific to renew and refresh our thoughts by recalling through his words the spirit of medicine's great humanist, William Osler.

William Bennett Bean, M.D.

Iowa City

Foreword

There are regions, *in partibus infidelium*, to which you will go as missionaries, carrying the gospel of loyalty to truth in the science and in the art of medicine, and your lives of devotion may prove to many a stimulating example.

—Osler. "The Army Surgeon," 1894

It has been said of William Osler that he exerted a wider influence upon the medical profession than any other man of his time. In 1905 Dr. C. N. B. Camac brought out a volume culled from Osler's writings entitled *Counsels and Ideals*. As a frontispiece he used a reproduction of a letter from Osler himself in which he had written: "In the teacher I have always valued the message of the life above the message of the pen, but if you think a mosaic of scraps from my addresses, etc., would be of any service to young

men please do what you wish about it.”

Camac's volume, which sought to preserve and extend Osler's influence as a teacher, had immediate popularity and passed through a number of editions. I think Dr. Osler, as he was then, was greatly pleased by Camac's gesture, and there can be no doubt that Osler's friends and followers will be equally pleased by the present volume originally brought together by the late Dr. Robert Bennett Bean and now published under the editorship of his son, Dr. William Bennett Bean. These selections illustrate even better than the longer passages quoted by Camac the timeless character of Sir William's prose and precepts. Even though many of the passages were set down more than fifty years ago, they remain as pertinent to the modern student as on the day they were written. The humor, philosophy, and down-to-earth wisdom of these succinct selections bring Osler back to the wards of the hospital as no tribute or account of his life could ever do.

One might well ask at this point what makes an epigrammatist? What goes into

these "burrs that stick in the memory" (to use one of Osler's own phrases)? It is a long distance between the mischievous boy who arrived at the Trinity College School at Weston, Canada, a few miles west of Toronto, with a red pocket-handkerchief around his neck and a sling shot in his hand and the man whose teachings, both in published writings and in informal conferences in the wards, are now gathered in this volume.

Two conditions, it seems to me, are necessary for a man's writings to survive in the form of aphorisms or epigrams—he must be a philosopher with a deep interest in, and understanding of, humankind and he must have the gift of stating simple truths in terse, crisp language. Osler's warm humanity was his own; his philosophy was evolved from long years of thinking and reading and experience; his ability to write, from constant practice. Starting life in a small country parish in rural Canada, Osler went at the age of fifteen to the aforementioned Trinity College School which prepared boys for Trinity College in Toronto.

The headmaster of this school, the Reverend William A. Johnson, was not only a rare teacher, but he gave Osler an early taste of philosophy both from his own approach to life and by putting in his hands a copy of Sir Thomas Browne's *Religio Medici*. "It was one of the strong influences which turned my thoughts towards medicine as a profession," Osler wrote in 1899, "and my most treasured copy—the second book I ever bought—has been a constant companion for thirty-one years."

From Johnson's influence, he passed into the realm of another man who was to have an extraordinary part in molding his character—Dr. James Bovell, a local physician in Toronto who taught both at Trinity College, which Osler had then entered, and at the Toronto School of Medicine. Later, at McGill, Osler found in R. Palmer Howard a third teacher who was to set a firm mark on his developing personality. "With him the study and the teaching of medicine were an absorbing passion, the ardour of which neither the incessant and ever-increasing de-

mands upon his time nor the growing years could quench."

And, finally, Osler's philosophy was enriched by his lifelong study of the Greeks. His indebtedness is clearly apparent in the following passage from "Chauvinism in Medicine," for here is an expression of all for which Osler himself stood. "The critical sense and skeptical attitude of the Hippocratic school laid the foundation of modern medicine on broad lines, and we owe to it: first, the emancipation of medicine from the shackles of priestcraft and of caste; secondly, the conception of medicine as an art based on accurate observation, and, as a science, an integral part of the science of man and of nature; thirdly, the high moral ideas expressed in that 'most memorable of human documents' (Gomperz), the Hippocratic oath; and fourthly, the conception and realization of medicine as a profession of a cultivated gentleman."

Osler served a similar apprenticeship in the school of writing. His papers during his early days at McGill were often clumsy in

literary style, but he persevered and by the time he had joined the staff of the Johns Hopkins Hospital in 1889 he had become one of the most accomplished medical writers of his era. It was at this point that he began to publish a series of remarkable contributions which have enriched for all time the historical and humanistic literature of the English-speaking medical world. One thinks of his portrait of Weir Mitchell, the seventieth-birthday tribute to Rudolf Virchow, and the many papers that followed in later years in the *John Hopkins Hospital Bulletin*.

But perhaps the labor of writing his *Principles and Practice of Medicine* contributed as much as anything to the formation of his succinct style. Some of his best-turned phrases are to be found in the later editions, for he had felt that the text of the first was not altogether worthy of him and, as successive editions were called for, he revised his text, attempting wherever possible to say the same thing in fewer words.

A close student of Francis Bacon and an admirer of his philosophy, though not always

of his prose, Osler seems unconsciously to have been influenced by him to the point that he might be termed the Bacon of modern medicine. In Bacon's epigrammatic thoughts on reading, books, travel, etc., one finds sentiments which Osler, in his own way, expressed likewise. "Travel, in the younger sort, is a part of education; in the elder, a part of experience"; "Some books are to be tasted, others to be swallowed, and some few to be chewed and digested"; "Read not to contradict and confute; nor to believe and take for granted; nor to find talk and discourse; but to weigh and consider"; and "Books must follow sciences, and not sciences books." For each of these passages there can be found a near parallel in Osler.

Bacon, however, is pre-eminently a philosopher; Osler never forgets that he is a physician first, albeit a physician with a philosophical approach to his profession. This can be illustrated in many of the excerpts selected by the Beans, but perhaps nowhere better than in these: "Acquire the art of detachment, the virtue of method, and the quality

of thoroughness—but above all the grace of humility”; “It is easier to buy books than to read them and easier to read them than to absorb them”; “Full knowledge, which alone disperses the mists of ignorance, can only be obtained by travel or by a thorough acquaintance with the literature of the different countries”; and finally, “To study the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all.”

One could quote much else, but I do not wish to keep the reader from the pleasure of finding his own favorites among this admirable collection. Let this one which well illustrates Osler’s philosophy as a teacher and his basic generosity as a man serve as a conclusion: “Should your assistant make an important observation, let him publish it. Through your students and your disciples will come your greatest honor.”

John F. Fulton

Historical Library

Yale University School of Medicine

I The Medical
Student

Undergraduate

1

The very first step towards success in any occupation is to become interested in it.

2

In the life of a young man the most essential thing for happiness is the gift of friendship.

3

The hardest conviction to get into the mind of a beginner is that the education upon which he is engaged is not a college course, not a medical course, but a life course, for

which the work of a few years under teachers is but a preparation.

4

Except it be a lover, no one is more interesting as an object of study than a student.

5

As perplexity of soul will be your lot and portion, accept the situation with a good grace.

6

Let not your conceptions of the manifestations of disease come from words heard in the lecture room or read from the book. See, and then reason and compare and control. But see first. No two eyes see the same thing. No two mirrors give forth the same reflexion. Let the word be your slave and not your master. Live in the ward.

7

The good observer is not limited to the large hospital.

8

Half of us are blind, few of us feel, and we are all deaf.

9

Don't touch the patient—state first what you see; cultivate your powers of observation.

10

It is only by persistent intelligent study of disease upon a methodical plan of examination that a man gradually learns to correlate his daily lessons with the facts of his previous experience and of that of his fellows, and so acquires clinical wisdom.

11

As no two faces, so no two cases are alike in all respects, and unfortunately it is not only the disease itself which is so varied, but the subjects themselves have peculiarities which modify its action.

12

There are no straight backs, no symmetrical faces, many wry noses, and no even legs. We are a crooked and perverse generation.

13

What can one hear with one's fingers? Vocal fremitus and a sharp second sound.

14

(Of a patient who said he had jaundice at the age of twelve:) *Infantile memories are fallacious.*

15

Education is a lifelong process, in which the student can only make a beginning during his college course.

16

Do not waste the hours of daylight in listening to that which you may read by night.

17

Great minds are pre-eminently good or bad, and education makes them better or worse.

18

So long as we have human beings for house officers, ordinary mortals for medical students, and modified angels for nurses, we shall have typhoid contagion from one patient to another in the wards of our hospitals.

19

One can weigh the secretions in the balance and measure the work of the heart in foot-pounds.

20

Undoubtedly the student tries to learn too much, and we teachers try to teach him too much—neither, perhaps, with great success.

21

To cover the vast field of medicine in four years is an impossible task.

22

The training of the medical school gives a man his direction, points him the way, and furnishes him with a chart, fairly incomplete, for the voyage, but nothing more.

23

There can be no doubt of the value to the physician of a very thorough training in methods and ways of organic chemistry.

24

The important thing is to make the lesson of each case tell on your education. The value of experience is not in seeing much, but in seeing wisely.

25

In taking histories follow each line of thought; ask no leading questions; never suggest. Give the patient's own words in the complaint.

26

If we ever are to give our third and fourth year students protracted and complete

courses in physical diagnosis and clinical medicine, extending throughout the session, and not in classes of a brief period of six weeks' duration, I am confident that the number of men engaged in teaching must be greatly increased.

27

I have learned since to be a better student, and to be ready to say to my fellow students "I do not know."

28

All will agree that a large proportion of the work of a medical student should be in the laboratory and in the hospital.

29

How can we make the work of the student in the third and fourth year as practical as it is in his first and second? I take it for

granted we all feel that it should be. The answer is, take him from the lecture-room, take him from the amphitheatre—put him in the out-patient department—put him in the wards.

30

It is possible now to fill out a day with practical work, varied enough to prevent monotony, and so arranged that the knowledge is picked out by the student himself, and not thrust into him willy-nilly, at the point of the tongue.

31

The pupil handles a sufficient number of cases to get a certain measure of technical skill, and there is ever kept before him the idea that he is not in the hospital to learn everything that is known but to learn how to study disease and how to treat it, or rather, how to treat patients.

32

The dissociation of student and patient is a legacy of the pernicious system of theoretical teaching.

33

✓ Let us emancipate the student, and give him time and opportunity for the cultivation of his mind, so that in his pupilage he shall not be a puppet in the hands of others, but rather a self-relying and reflecting being.

34

Look out for Saturnine Encephalopathy on the State Boards.

And His Teacher

35

The best that is known and taught in the world—nothing less can satisfy a teacher worthy of the name.

36

The professoriate of the profession, the most mobile column of its great army, should be recruited with the most zealous regard to fitness, irrespective of local conditions that are apt to influence the selection.

37

The very best instructor for students may have no conception of the higher lines of work in his branch, and contrariwise, how many brilliant investigators have been wretched teachers?

38

Teach him how to observe, give him plenty of facts to observe, and the lessons will come out of the facts themselves.

39

In what may be called the natural method of teaching, the student begins with the patient, continues with the patient, and ends his studies with the patient, using books and lectures as tools, as means to an end.

40

Superfluity of lecturing causes ischial bursitis.

To winnow the wheat from the chaff and to prepare it in an easily digested shape for the tender stomachs of first and second year students taxes the resources of the most capable teacher.

42

The successful teacher is no longer on a height, pumping knowledge at high pressure into passive receptacles . . . he is a senior student anxious to help his juniors.

43

But for the majority, daily contact with students, and a little of the routine of teaching, keep us in touch with the common clay and are the best preservatives against that staleness so apt to come as a blight upon the pure researcher.

44

No bubble is so iridescent or floats longer than that blown by the successful teacher.

Examinations

45

Personally I have always been opposed to that base and most pernicious system of educating them with a view to examinations, but even the dullest learn how to examine patients and get familiar with the changing aspects of the important acute diseases.

46

We can only instil principles, put the student in the right path, give him methods, teach him how to study, and early to discern between essentials and non-essentials.

47

The student needs more time for quiet study, fewer classes, fewer lectures, and, above all, he needs the incubus of exami-

nations lifted from his soul. To replace the Chinese by the Greek spirit would enable him to seek knowledge for itself, without a thought of the end, tested and taught day by day, the pupil and teacher working together on the same lines, only one a little ahead of the other.

48

Perfect happiness for student and teacher will come with the abolition of examinations, which are stumbling-blocks and rocks of offense in the pathway of the true student.

49

We must substitute for the quantitative, estimate the qualitative, and judge the student as much by manner as by matter.

50

As one watches a man handle a patient it is easy to tell whether or not he has had a

proper training, and for this purpose fifteen minutes at the bedside are worth three hours at the desk.

The University

51

A great university has a dual function, to teach and to think.

52

After all, it is a great laboratory in which we collect for rectification the experiments which nature makes upon us. The study of disease is just as much a part of university work as is the study of mathematics, and a close affiliation of the two institutions is the best guarantee of that combination of science with practice which it is the right of people at the present day to demand.

And Hospital

53

The type of school I have always felt the Hospital should be: a place of refuge for the sick poor of the city—a place where the best that is known is taught to a group of the best students—a place where new thought is materialized in research—a school where men are encouraged to base the art upon the science of medicine—a fountain to which teachers in every subject would come for inspiration—a place with a hearty welcome to every practitioner who seeks help—a consulting center for the whole country in cases of obscurity.

The Student Practitioner

54

Given the sacred hunger and proper preliminary training, the student practitioner requires at least three things with which to stimulate and maintain his education, a note-book, a library, and a quinquennial brain-dusting.

55

It is a common error to think that the more a doctor sees the greater his experience and the more he knows.

56

But by the neglect of the study of the humanities, which has been far too general, the profession loses a very precious quality.

57

There are only two sorts of doctors: those who practice with their brains, and those who practice with their tongues.

58

Common sense in matters medical is rare, and is usually in inverse ratio to the degree of education.

59

The physician without physiology and chemistry practices a sort of popgun pharmacy, hitting now the malady and again the patient, he himself not knowing which.

60

∧ A physician who treats himself has a fool for a patient.

61

We are constantly misled by the ease with which our minds fall into the ruts of one or two experiences.

62

Medicine is a most difficult art to acquire. All the college can do is to teach the student principles, based on facts in science, and give him good methods of work. These simply start him in the right direction; they do not make him a good practitioner—that is his own affair.

63

Post-graduate study has always been a characteristic feature of our profession.

64

Every fifth year, back to the hospital, back to the laboratory, for renovation, rehabilita-

tion, rejuvenation, reintegration, resuscitation, etc.

65

If the license to practice meant the completion of his education, how sad it would be for the young practitioner, how distressing to his patients!

Or Family Doctor

66

Have no higher ambition than to become an all-round family doctor, whose business in life is to know disease and to know how to treat it.

67

The cultivated general practitioner. May this be the destiny of a large majority of

you! . . . You cannot reach any better position in a community; the family doctor is the man behind the gun, who does our effective work. That his life is hard and exacting; that he is underpaid and overworked; that he has but little time for study and less for recreation—these are the blows that may give finer temper to his steel, and bring out the nobler elements in his character.

68

I would speak of [the general practitioner's] failure to realize first the need of a lifelong progressive personal training, and secondly, the danger lest in the stress of practice he sacrifice that most precious of all possessions, his mental independence.

69

In no profession does culture count for so much as in medicine, and no man needs it more than the general practitioner.

70

The modest country doctor may furnish you the vital link in your chain, and the simple rural practitioner is often a very wise man.

Beware of Specialization

71

No more dangerous members of our profession exist than those born into it, so to speak, as specialists. Without any broad foundation in physiology or pathology, and ignorant of the great processes of disease, no amount of technical skill can hide from the keen eyes of colleagues defects which too often require the arts of the charlatan to screen from the public.

72

The incessant concentration of thought upon one subject, however interesting, tethers a man's mind in a narrow field.

73

By all means, if possible, let [the young physician] be a pluralist, and—as he values his future life—let him not get early entangled in the meshes of specialism.

74

There are, in truth, no specialties in medicine, since to know fully many of the most important diseases a man must be familiar with their manifestations in many organs.

The Medical Society

75

Yes, join both the city and the county society, and never miss a meeting. Keep your mouth shut too, for a few years, particularly in discussions.

76

The society should be a school in which the scholars teach each other.

Observe, Record,
Tabulate, Communicate

77

Always note and record the unusual. Keep and compare your observations. Communicate or publish short notes on anything that is striking or new.

78

Record what you have seen; make a note at the time; do not wait.

79

There is no more difficult art to acquire than the art of observation, and for some

men it is quite as difficult to record an observation in brief and plain language.

80

It is often harder to boil down than to write.

81

When you have made and recorded the unusual or original observation, or when you have accomplished a piece of research in laboratory or ward, do not be satisfied with a verbal communication at a medical society. Publish it.

82

Do not waste your time in compilations, but when your observations are sufficient, do not let them die with you. Study them, tabulate them, seek the points of contact which may reveal the underlying law. Some things can be learned only by statistical comparison.

83

The young physician should be careful what and how he writes.

Investigate

84

To carefully observe the phenomena of life in all its phases, normal and perverted, to make perfect that most difficult of all arts, the art of observation, to call to aid the science of experimentation, to cultivate the reasoning faculty, so as to be able to know the true from the false—these are our methods.

85

To wrest from nature the secrets which have perplexed philosophers in all ages, to track to their sources the causes of disease,

to correlate the vast stores of knowledge, that they may be quickly available for the prevention and cure of disease—these are our ambitions.

86

That man can interrogate as well as observe nature, was a lesson slowly learned in his evolution.

87

The lines of experimental research have sought to determine the functions of the organs in health, the conditions under which perversion of these functions occurs in disease, and the possibility of exercising protective and curative influences on the process of disease.

88

The processes of disease are so complex that it is excessively difficult to search out the

laws which control them, and, although we have seen a complete revolution in our ideas, what has been accomplished by the new school of medicine is only an earnest of what the future has in store.

89

Science since Darwin is fact upon fact, instance upon instance, experiment upon experiment, principle upon principle, which fitly joined together by some master mind may establish some great truth.

90

The physician's challenge is the curing of disease, educating the people in the laws of health, and preventing the spread of plagues and pestilences.

Beware of the Delilah of the Press

91

In the life of every successful physician there comes the temptation to toy with the Delilah of the press—daily and otherwise. There are times when she may be courted with satisfaction, but beware! Sooner or later she is sure to play the harlot, and has left many a man shorn of his strength, namely the confidence of his professional brethren.

92

Believe nothing that you see in the newspapers—they have done more to create dissatisfaction than all other agencies. If you see anything in them that you know is true, begin to doubt it at once.

Doubtless as an exclusive dietary the press and magazine do lead to mental conditions the counterpart of what we know in the body as deficiency diseases, scurvy, rickets, etc. The library . . . supplies the vitamins which counteract the mental lethargy and anemia which come from a too exclusive use of . . . patent foods.

II The Ethos



Some Rules

94

Live a simple and a temperate life, that you may give all your powers to your profession.

95

You may learn to consume your own smoke. The atmosphere is darkened by the murmurings and whimperings of men and women over the non-essentials, the trifles that are inevitably incident to the hurly-burly of the day's routine.

96

Go out among your fellows, and learn of them.

65

97

[You] must put [your] emotions on ice; there must be no "Amaryllis in the shade," and [you] must beware the tangles of "Neaera's Hair."

98

Throw all the beer and spirits into the Irish Channel, the English Channel, and the North Sea for a year, and people in England would be infinitely better. It would certainly solve all the problems with which the philanthropists, the physicians, and the politicians have to deal.

99

Avoid wine and women—choose a freckle-faced girl for a wife; they are invariably more amiable.

100

The guiding motto of his life was *Ars Medica tota in observationibus*, in carefully ob-

servicing facts, carefully collating them, carefully analyzing them.

101

Never hide the work of others under your own name.

102

Let every student have full recognition for his work.

103

Familiarize yourself with the work of others and never fail to give credit to the precursor.

104

Should your assistant make an important observation, let him publish it. Through

your students and your disciples will come
your greatest honor.

105

Acquire the art of detachment, the virtue
of method, and the quality of thoroughness,
but above all the grace of humility.

✓ 106

Maintain an incessant watchfulness lest
complacency beget indifference, or lest local
interests should be permitted to narrow the
influence of a trust which exists for the good
of the whole country.

107

From the day you begin practice never un-
der any circumstances listen to a tale told
to the detriment of a brother practitioner.
And when any dispute or trouble does arise,
go frankly, ere sunset, and talk the matter
over, in which way you may gain a brother
and a friend.

108

It is only by persistent intelligent study of disease upon a methodical plan of examination that a man gradually learns to correlate his daily lessons with the facts of his previous experience and of that of his fellows, and so acquires clinical wisdom.

109

Lack of systematic personal training in the methods of the recognition of disease leads to the misapplication of remedies, to long courses of treatment when treatment is useless, and so directly to that lack of confidence in our methods which is apt to place us in the eyes of the public on a level with empirics and quacks.

110

Worse still is . . . the "lock and key" laboratory in which suspicion and distrust reign, and everyone is jealous and fearful

lest the other should know of or find out about his work.

111

No man is really happy or safe without a hobby, and it makes precious little difference what the outside interest may be—botany, beetles or butterflies, roses, tulips or irises; fishing, mountaineering or antiquities—anything will do so long as he straddles a hobby and rides it hard.

Work and System

112

The master word in medicine is work. . . . Though a little one, it looms large in meaning. It is the open sesame to every portal, the great equalizer in the world, the true philosopher's stone which transmutes all the base metal of humanity into gold.

As to your method of work, I have a single bit of advice, which I give with the earnest conviction of its paramount influence in any success which may have attended my efforts in life—Take no thought for the morrow. Live neither in the past nor in the future, but let each day's work absorb your entire energies, and satisfy your widest ambition. That was a singular but very wise answer which Cromwell gave to Bellevire—"No one rises so high as he who knows not whither he is going," and there is much truth in it. The student who is worrying about his future, anxious over the examinations, doubting his fitness for the profession, is certain not to do so well as the man who cares for nothing but the matter in hand, and who knows not whither he is going!

Save the fleeting minute; learn gracefully to dodge the bore.

115

✓ System, or as I shall term it, the virtue of method, is the harness without which only the horses of genius travel.

116

Take away with you a profound conviction of the value of system in your work.

117

If you have the good fortune to command a large clinic, remember that one of your chief duties is the tabulation and analysis of the carefully recorded experience.

118

Let each hour of the day have its allotted duty, and cultivate that power of concentration which grows with its exercise, so that the attention neither flags nor wavers, but settles with a bull-dog tenacity on the subject before you.

Eschew Idleness

119

By far the most dangerous foe we have to fight is *apathy*—indifference from whatever cause, not from a lack of knowledge, but from carelessness, from absorption in other pursuits, from a contempt bred of self-satisfaction.

120

By nature man is the incarnation of idleness, which quality alone, amid the ruined remnants of Edenic characters, remains in all its primitive intensity.

121

‘The killing vice of the young doctor is intellectual laziness.

On Reading

122

Spend the last half-hour of the day in communion with the saints of humanity.

123

For the teacher and the worker a great library is indispensable. They must know the world's best work and know it at once. They mint and make current coin the ore so widely scattered in journals, transactions, and monographs.

124

For the general practitioner a well-used library is one of the few correctives of the premature senility which is so apt to overtake him.

125

It is astonishing with how little reading a doctor can practice medicine, but it is not astonishing how badly he may do it.

126

Full knowledge, which alone disperses the mists of ignorance, can only be obtained by travel or by a thorough acquaintance with the literature of the different countries.

127

But when you have seen, read. And when you can, read the original descriptions of the masters who, with crude methods of study, saw so clearly.

128

———“Sanctified his fee” largely in donations to other than his own library.

129

- To study the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all.

130

Early learn to appreciate the differences between the descriptions of disease and the manifestations of that disease in an individual—the difference between the composite portrait and one of the component pictures.

131

After all, there is no such literature as a Dictionary.

132

- Read with two objects: first, to acquaint yourself with the current knowledge on a subject and the steps by which it has been

reached; and secondly, and more important, read to understand and analyze your cases.

133

With half an hour's reading in bed every night as a steady practice, the busiest man can get a fair education before the plasma sets in the periganglionic spaces of his grey cortex.

134

It is easier to buy books than to read them and easier to read them than to absorb them.

Medical History

135

In the continual remembrance of a glorious past individuals and nations find their noblest inspiration.

136

Modern medicine is a product of the Greek intellect, and had its origin when that wonderful people created positive or rational science.

137

Anatomy brought life and liberty to the art of healing, and for three centuries the great names in medicine were those of the great anatomists.

138

By the historical method alone can many problems in medicine be approached profitably.

139

The all-important thing is to get a relish for the good company of the race in a daily in-

tercourse with some of the great minds of all ages.

140

This higher education so much needed to-day is not given in the school, is not to be bought in the market place, but it has to be wrought out in each one of us for himself; it is the silent influence of character on character and in no way more potently than in the contemplation of the lives of the great and good of the past, in no way more than in "the touch divine of noble natures gone."

Travel

141

The all-important matter is to get a breadth of view as early as possible, and this is difficult without travel.

142

A residence of four years in the one school is apt to breed prejudice and to promote mental astigmatism which the after years may never be able to correct.

143

What I inveigh against is a cursed spirit of intolerance, conceived in distrust and bred in ignorance, that makes the mental attitude perennially antagonistic, even bitterly antagonistic, to everything foreign, that subordinates everywhere the race to the nation, forgetting the higher claims of human brotherhood.

Philosophy and Advice

144

The physician needs a clear head and a kind heart.

145

Amid the racket and hurly-burly few of us have the chance to warm both hands at the fire of life.

146

Hilarity and good humor, a breezy cheerfulness, a nature "sloping towards the southern side," as Lowell has it, help enormously both in the study and in the practice of medicine.

147

It must be confessed that the practice of medicine among our fellow creatures is often a testy and choleric business.

148

A cheerful man at the breakfast table is a great annoyance to his grouchy neighbor.

149

Go seek the cheerful haunts of men.

Lift up one hand to heaven and thank your stars if they have given you the proper sense to enable you to appreciate the inconceivably droll situations in which we catch our fellow creatures.

I cavilled at Bergson's conclusion—that like sea-froth the substance of laughter is scanty and the after-taste bitter. It is not always so. Joubert is right. There is a form that springs from the heart, heard every day in the merry voice of childhood, the expression of a laughter-loving spirit that defies analysis by the philosopher, which has nothing rigid or mechanical in it, and is totally without social significance. Bubbling spontaneously from the artless heart of a child or man, without egoism and full of feeling, laughter is the music of life. After his magical survey of the world in the *Anatomy of Melancholy*, Burton could not well decide,

fleat Heraclitus an rideat Democritus, whether to weep with the one or laugh with the other, and at the end of the day this is often the mental attitude of the doctor; but once with ears attuned to the music of which I speak, he is ever on the side of the great Abderite, and there is the happy possibility that, like Lionel in, I think, one of Shelley's poems, he may keep himself young with laughter.

152

Use the knife and the cautery to cure the intumescence and moral necrosis which you will feel in the posterior parietal region, in Gall and Spurzheim's centre of self-esteem, where you will find a sore spot after you have made the mistake in diagnosis.

153

Alter the golden rule—what you do not like when done to yourself, do not do to others.

154

We are here to add what we can to, not get what we can from, Life.

155

I have three personal ideals. One, to do the day's work well and not to bother about tomorrow. . . . The second ideal has been to act the Golden Rule, as far as in me lay, toward my professional brethren and toward the patients committed to my care. And the third has been to cultivate such a measure of equanimity as would enable me to bear success with humility, the affection of my friends without pride, and to be ready when the day of sorrow and grief came to meet it with the courage befitting a man.

156

A rare and precious gift is the art of detachment.

157

In the physician or surgeon no quality takes rank with imperturbability.

158

Consider the virtues of taciturnity. Speak only when you have something to say.

159

Let not your ear hear the sound of your voice raised in unkind criticism or ridicule or *condemnation of a brother physician.*

160

Never let your tongue say a slighting word of a colleague.

161

Silence is a powerful weapon.

162

Do not judge your confreres by the reports of patients, well meaning, perhaps, but often strangely and sadly misrepresenting.

163

Respect your colleagues.

164

Educate your nerve centres so that not the slightest dilator or contractor influence shall pass to the vessels of your face under any *professional trial*.

165

. . . The blessed faculty of forgetting.

166

Obligation rests on . . . the physician to study the natural history of diseases, and the means for their prevention, to know the

true value of regimen, diet, and the drugs in their treatment, ever testing, devising, thinking.

167

He who follows another sees nothing, learns nothing, nay, seeks nothing.

168

The peril is that should he cease to think for himself he becomes a mere automaton, doing a penny-in-the-slot business which places him on a level with the chemist's clerk who can hand out specifics for every ill, from the "pip" to the pox.

169

Advice is sought to confirm a position already taken.

170

The philosophies of one age have become the absurdities of the next, and the foolish-

ness of yesterday has become the wisdom of tomorrow.

171

~ To know just what has to be done, then to do it, comprises the whole philosophy of practical life.

172

In seeking absolute truth we aim at the unattainable, and must be content with broken portions.

173

. The greater the ignorance the greater the dogmatism.

174

Happiness lies in the absorption in some vocation which satisfies the soul.

175

Variability is the law of life.

176

When schemes are laid in advance, it is surprising how often the circumstances fit in with them.

177

Quite as much "grit" and a much harder climb are needed to reach distinction from the top as from the bottom of the social scale.

178

To have striven, to have made an effort, to have been true to certain ideals—this alone is worth the struggle.

179

The quest for righteousness is Oriental, the quest for knowledge, Occidental.

Nothing will sustain you more potently than the power to recognize in your humdrum routine, as perhaps it may be thought, the true poetry of life—the poetry of the commonplace, of the ordinary man, of the plain, toil-worn woman, with their love and their joys, their sorrows and their griefs.

III The Patient

The Patient as a Person

181

Care more particularly for the individual patient than for the special features of the disease.

182

No special virtues are needed [for nurses], but the circumstances demand the exercise of them in a special way. There are seven, the mystic seven, your lamps to lighten at . . . tact, tidiness, taciturnity, sympathy, gentleness, cheerfulness, all linked together by charity.

183

Get into the habit of saying essential or idiopathic anemia for the patient's sake. The

sound of pernicious anemia is not by any means pleasant.

184

This big stout fellow had simply melted away. He had cares and worries a great many. He came up from the country moribund. Doses of optimism lavishly administered by the house physician cured him.

185

Patients should have rest, food, fresh air, and exercise—the quadrangle of health.

His Frailties

186

It only too frequently happens that early in the fifth decade, just as business or political success is assured, Bacchus hands in heavy

bills for payment, in the form of serious disease of the arteries or of the liver, or there is a general breakdown.

187

Who serve the gods die young—Venus, Bacchus, and Vulcan send in no bills in the seventh decade.

188

Vulcan plays with respectability, he allows a wide margin—unless one is a college man—he sends in his bills late in life. Venus is heartless—she sends in her bills throughout all decades. Bacchus is a respecter of persons. North of the Tweed he may be disregarded—he sends no bills there.

189

The thermometer habit is a definite sequel of typhoid, especially in children. Throw away the thermometer, discharge the nurse, soothe the parents.

190

One pancake for lunch and half a boiled egg for dinner makes a man at sixty able to do anything a college athlete can do.

191

We are all dietetic sinners; only a small percent of what we eat nourishes us, the balance goes to waste and loss of energy.

192

Do not squander heartbeats in cardiac disease—live within your income.

His Credulity

193

Precious perquisite of the race, as it has been called, with all its dark and terrible record, credulity has perhaps the credit bal-

ance on its side in the consolation afforded the pious souls of all ages and of all climes, who have let down anchors of faith into the vast sea of superstition.

194

Credulity in matters relating to disease remains a permanent fact in our history uninfluenced by education.

195

This is yet the childhood of the world, and a supine credulity is still the most charming characteristic of man.

Counterbalanced by Faith

196

Faith in the gods or in the saints cures one, hypnotic suggestion another, faith in a plain common doctor a third.

197

It is the *aurum potabile*, the touchstone of success in medicine. As Galen says, confidence and hope do more good than physics —“he cures most in whom most are confident.”

198

A third noteworthy feature in modern treatment has been a return to psychological methods of cure, in which faith in something is suggested to the patient. After all, faith is the great lever of life.

199

Nothing in life is more wonderful than faith —the one great moving force which we can neither weigh in the balance nor test in the crucible.

How To Examine Him

200

Medicine is learned by the bedside and not in the classroom.

201

Observe, record, tabulate, communicate.
Use your five senses.

202

The four points of a medical student's compass are: Inspection, Palpation, Percussion, and Auscultation.

203

Feel the pulse with two hands and ten fingers.

204

Make a thorough inspection. Never forget to look at the back of a patient. Always look at the feet. Looking at a woman's legs has often saved her life.

205

Failure to examine the throat is a glaring sin of omission, especially in children. One finger in the throat and one in the rectum makes a good diagnostician.

When listening to heart murmurs you must tune up your auditory hair cells and flatten out your Pacinian corpuscles.

207

The chief function of the consultant is to make a rectal examination that you have omitted.

208

Depend upon palpation, not percussion, for knowledge of the spleen.

How Not To Treat Him

209

One of the first duties of the physician is to educate the masses not to take medicine.

210

Man has an inborn craving for medicine. Heroic dosing for several generations has given his tissues a thirst for drugs. The desire to take medicine is one feature which distinguishes man, the animal, from his fellow creatures.

211

If many drugs are used for a disease, all are insufficient.

212

Imperative drugging—the ordering of medicine in any and every malady—is no longer regarded as the chief function of the doctor.

213

Nickel-in-the-slot, press-the-button therapeutics are no good. You cannot have a drug for every malady.

214

Remember how much you do not know. Do not pour strange medicines into your patients.

215

The battle against polypharmacy, or the use of a large number of drugs (of the action of which we know little, yet we put them into bodies of the action of which we know less), has not been fought to a finish.

216

Do not rashly use every new product of which the peripatetic siren sings. Consider what surprising reactions may occur in the laboratory from the careless mixing of unknown substances. Be as considerate of your patient and yourself as you are of the test-tube.

217

The true polypharmacy is the skilful combination of remedies.

IV The Great
Republic of
Medicine



General

218

The great republic of medicine knows and has known no national boundaries.

219

There is no more potent antidote to the corroding influence of mammon than the presence in the community of a body of men devoted to science.

220

Modern science has made to almost every one of you the present of a few years.

107

221

In science the credit goes to the man who convinces the world, not to the man to whom the idea first occurs.

222

It is strange how the memory of a man may float to posterity on what he would have himself regarded as the most trifling of his works.

223

Thucydides it was who said of the Greeks that they possessed "the power of thinking before they acted, and of acting, too."

Biographies in Miniature

224

Palmer Howard . . . an ideal teacher because a student, ever alert to the new prob-

lems, an indomitable energy enabled him, in the midst of an exacting practice, to maintain an ardent enthusiasm still to keep bright the fires which he had lighted in his youth. Since those days I have seen many teachers, and I have had many colleagues, but I have never known one in whom were more happily combined a stern sense of duty with the mental freshness of youth.

225

Acland "a man of enlightened mind and a strenuous fighter against the academic powers of darkness."

226

The Lathams, the Watsons, the Pagets, the Jenners, and the Gardiners have influenced the profession less by their special work than by exemplifying those graces of life and refinements of heart which make up character.

William Beaumont recognized, grasped, and improved the opportunity which fell in his path, with a zeal and an unselfishness not excelled in the annals of medical science. . . . His work remains a model of patient, persevering investigation, experiment, and research, and the highest praise we can give him is to say that he lived up to and fulfilled the ideals with which he set out and which he expressed when he said: "Truth, like beauty, when unadorned, is adorned the most, and, in prosecuting these experiments and inquiries, I believe I have been guided by its light."

For many years there was in this country a group of peripatetic teachers, who, like the Sophists of Greece, went from town to town, staying a year or two in each, or they divided their time between a winter session in a large city school and a summer term

in a small country one. Among them Daniel Drake takes the precedence, as he made eleven moves in the course of his stirring and eventful life. . . . In many ways [he] is the most unique figure in the history of American medicine. . . . Pick out from the catalogues every scrap of his writings.

229

[James Bovell] was an omnivorous reader and transmuter, he could talk . . . upon anything in the science of the day, from protoplasm to evolution; but he lacked concentration and that scientific accuracy which only comes with a long training (sometimes, indeed, never comes!), and which is the ballast of the boat.

230

Had [Oliver Wendell Holmes] not learned in suffering what he taught in song? . . . the greatest Brahmin among them.

231

[William Pepper] had served an apprenticeship in the deadhouse. . . . A man of felicities and facilities.

232

Jonathan Hutchinson . . . is the only great generalized specialist which the profession has produced.

233

Laennec's contributions to the study of diseases of the lungs, of the heart, and of the abdominal organs really laid the foundation of modern clinical medicine.

234

Sydenham was called "a man of many doubts" and therein lay the secret of his great strength.

235

Darwin combined a capacity for patient observation with philosophic vision.

236

To Traube and men of his stamp, the physiological clinicians, this generation owes much more than to the chemical or post-mortem-room group.

The Leaven of Science

237

And yet who can doubt that the leaven of science, working in the individual, leavens in some slight degree the whole social fabric. Reason is at least free, or nearly so; the shackles of dogma have been removed, and faith herself, freed from a morganatic alliance, finds in the release great gain.

The critical sense and skeptical attitude of the Hippocratic school laid the foundation of modern medicine on broad lines, and we owe to it: first, the emancipation of medicine from the shackles of priestcraft and of caste; secondly, the conception of medicine as an art based on accurate observation, and, as a science, an integral part of the science of man and of nature; thirdly, the high moral ideals expressed in that most memorable of human documents, the Hippocratic oath; and fourthly, the conception and realization of medicine as a profession of a cultivated gentleman.

To the physician particularly a scientific discipline is an incalculable gift, which leavens his whole life, giving exactness to habits of thought and tempering the mind with that judicious faculty of distrust, which can alone, amid the uncertainty of practice, make him wise.

240

The deep secrets of generation have been revealed, and the scheme of evolution has given us fairy tales more enchanting than the Arabian Nights' entertainment.

A Note on Women

241

- It is one of the greatest blessings that so many women are so full of tact. The calamity happens when a woman who has all the other riches of life just lacks that one thing.

242

Women, our greatest friends and our greatest enemies, are the chief sinners, and while one will exhaust the resources of the language in describing our mistakes and weaknesses, another will laud her pet doctor so

indiscriminately that all others come under a sort of oblique condemnation. "*Feminae sunt medicorum tubae.*"

243

I do not know at what age one dare call a woman a spinster.

244

It is the prime duty of a woman of this terrestrial world to look well.

Definitions

245

Neatness is the asepsis of clothes.

246

Ignorance is the conceit that a man knows what he does not know.

247

Anesthesia . . . the Nemesis which has overtaken pain.

248

[Westminster Abbey] the nation's Valhalla.

Echoes

249

But it is by your own eyes, and your ears and your own mind and (I may add) your own heart that you must observe and learn and profit.

250

Reasoning from the urine is as brittle as the urinal.

251

One is never very surprised or angry to find that one's opponents are in the right.

252

We, like geese, go cackling home at night for any spare grains we may have picked out of the stubble.

253

The young physician starts life with twenty drugs for each disease, and the old physician ends life with one drug for twenty diseases.

254

The successful physician starves the first ten years, lives on bread and butter the second, and may have cakes and ale the third decade.

255

There are incurable diseases in medicine, incorrigible vices in the ministry, insoluble cases in law.

256

Humanity has but three great enemies: fever, famine, and war; of these by far the greatest, by far the most terrible, is fever.

v Epitomes

The Art

257

Who can tell of the uncertainties of medicine as an art?

258

And from the standpoint of medicine as an art for the prevention and cure of disease, the man who translates the hieroglyphics of science into the plain language of healing is certainly the more useful.

259

The practice of medicine is an art, based on science.

123

260

The greatest art is in the concealment of art, and I may say that we of the medical profession excel in this respect.

261

Errors in judgment must occur in the practice of an art which consists largely in balancing probabilities.

262

Look at the cases not from the standpoint of textbooks and monographs, but as so many stepping-stones in the progress of your individual development in the art.

263

The artistic sense of perfection in work is another much-to-be-desired quality to be cultivated. No matter how trifling the mat-

'ter on hand, do it with a feeling that it demands the best that is in you, and when done look it over with a critical eye, not sparing a strict judgment of yourself.

264

The art of the practice of medicine is to be learned only by experience; 'tis not an inheritance; it cannot be revealed. Learn to see, learn to hear, learn to feel, learn to smell, and know that by practice alone can you become expert.

265

Medicine is a science of uncertainty and an art of probability.

266

Absolute diagnoses are unsafe, and are made at the expense of the conscience.

267

Look wise, say nothing, and grunt. Speech
was given to conceal thought.

268

Taking a lady's hand gives her confidence in
her physician.

269

Notice the post-febrile frōwn. Toxins act on
the frowning center.

270

In springtime the parasites crawl out from
under the leaves; perhaps by tapping the
spleen one may find a crescent.

271

That clear, luminous emblem of the Orient
stares one in the face so that a mistake is

impossible. One who fails to recognize a crescent when he sees it should wear a crown of thorns and bear a cross of gold.

272

John as known to himself and John as known to his Maker are totally different from the John known to us. His weak and nervous condition is something besides typhoid fever three years ago. "*Cherchez la femme.*"

273

Often this ignorance must be very tantalizing, but it is more wholesome than an assurance which rests on a thin veneer of knowledge.

274

Probability is the rule of life, especially under the skin. Never make a positive diagnosis.

Bedside Aphorisms

275

To talk of diseases is a sort of Arabian Nights' entertainment.

276

Things medical and gruesome have a singular attraction for many people.

277

"The physiognomy of disease" is learned slowly.

278

There are three awful things in medicine—*adiposis dolorosa mesenterica*, *phlegmasia alba dolens*, and subluxation of the sacro-iliac synchondrosis.

279

Know syphilis in all its manifestations and relations, and all other things clinical will be added unto you.

280

Alcoholism or coma? Better admit a patient to the hospital dead drunk than turn him away to be discharged from the jail dead sober a little later.

281

The normal man walks by faith, the tabetic by sight.

282

Temperature charts—typhoid fever has a Pennsylvania-Railway-like directness, in distinction to the zigzag Baltimore-and-Ohio chart of aestivo-autumnal fever.

283

Common-sense nerve fibers are seldom medullated before forty—they are never seen even with a microscope before twenty.

284

Anesthetics and antiseptics have manacled the demon pain, and the curse of travail has been lifted from the soul of women.

285

Excretion is difficult after forty, absorption before twenty.

286

Soap and water and common sense are the best disinfectants.

287

The pharynx is the garbage dump of the bronchial tubes and nasal passages. The

street sweepers (ciliated epithelial cells) are constantly on duty and especially busy at night removing the debris from the air passages to be carried away the next morning.

288

The physics of a man's circulation are the physics of the waterworks of the town in which he lives, but once out of gear, you cannot apply the same rules for the repair of the one as of the other.

289

Huge blocks of coal that would grace the doorstep of any multimillionaire coal dealer as a sign are carried into the lungs from our coal-polluted air, and tubercle bacilli ride in on coal-black chargers three abreast. Coal barges equal to those on the Susquehanna are constantly passing through unbroken mucosa and along lymph ducts to the bronchial lymph nodes.

290

Man should go out of this world as he came in—chiefly on milk.

291

Lavage is often as beneficial to the cerebral ventricles as to the abdominal ventricle.

292

The mental kidney, more often than the abdominal, is the one that floats.

293

Total abstinence varies in different communities. South of the Mason and Dixon line a mint julep, a toddy, or a cocktail before meals or between, is total abstinence; and a profusion of egg-noggs at Christmas a necessity.

294

More people are killed by over-eating and drinking than by the sword.

295

The glutton digs his own grave with his teeth.

296

Bacchus hasn't a ghost of a chance against a good backing of Scotch Presbyterianism.

A Short Textbook

297

Gastric ulcer seldom has classical symptoms.

298

The tapeworm has a "cinch," it toils not neither does it spin. Laved in the best of

food, already digested, it passes its days in ease and pleasure, quietness and peace.

299

One swallow does not make a summer, but one tophus makes gout and one crescent malaria.

300

There is no disease more conducive to clinical humility than aneurysm of the aorta.

301

Syphilis simulates every other disease. It is the only disease necessary to know. One then becomes an expert dermatologist, an expert laryngologist, an expert alienist, an expert oculist, an expert internist, and expert diagnostician.

302

Whenever in doubt consult Jonathan Hutchinson's *Archives of Surgery* concerning syphilis.

303

Intermittent fever may occur in syphilis.

304

Congenital lues up to the time of puberty may simulate acute articular rheumatism.

305

Remember lues in tumors of the neck.

306

Mercury and potassium iodide are the silver lining of the luetic cloud.

307

Stomach troubles are often due to omphalism of a high order—self-centered gazing at our navels.

308

In neurasthenia or insanity, "*cherchez la femme*"—woman is at the bottom of most troubles.

309

A patient with a written list of symptoms—neurasthenia.

310

In hemianopsia persons complain of blindness in one eye.

311

"Piles" of the cardiac orifice of the stomach from obstruction to the portal system, may produce hemoptysis.

312

Pneumothorax: The maximum intensity of amphoric sounds in the chest may locate the opening. The sound is as of sand dropping from a great height on glass.

313

Pneumonia is the captain of the men of death and tuberculosis is the handmaid.

314

Empyema needs a surgeon and three inches of cold steel, instead of a fool of a physician.

315

Angina pectoris may be precipitated by: muscular exertion, violent mental states, stomach upsets, or cold weather.

316

The man who dissolves gall stones is half-brother to the one who aborts typhoid fever or pneumonia.

317

The best thing nature can do with gall stones is to close the stone quarry and shut down the business.

318

Mitral stenosis may be concealed under a quarter of a dollar. It is the most difficult of all heart diseases to diagnose.

319

Raynaud's disease and chilblains are Tweedledum and Tweedledee.

320

The surgical cycle in woman: Appendix removed, right kidney hooked up, gall-bladder

taken out, gastro-enterostomy, clean sweep of uterus and adnexa.

321

The rheumatic cycle in children: Growing pains, sore throat, chorea, endocarditis, subcutaneous fibroid nodules.

322

Small-pox may be mistaken for the very little pox or the very big pox (*chicken-pox* or *syphilis*).

323

Keep an open mind toward pneumonia. Our grandchildren will be interested and are likely to have as many differences of opinion regarding treatment as we have.

324

Sweats that fairly flood the bed—gathered in a bucket beneath—occur in septicemia, malaria, tuberculosis.

325

Typhoid fever is the index of sanitation.

326

Myocarditis: Shut down work, keep up the heart's strength, then, fuel, engine, clinkers.

327

Jaundice is the disease that your friends diagnose.

328

Adhesions are the refuge of the diagnostically destitute.

329

Dermatographia is an outward and visible sign of an inward and hidden instability. We expect it in medical students about the month of May just before examinations.

330

Pericarditis is diagnosed in proportion to the care of the examination.

331

A pulsating aorta may mean neurasthenia, thinness, anemia, exophthalmic goitre, aortic insufficiency, aneurism, dilatation, or tumor.

332

Ascites may be caused by tuberculosis or malignant growth.

333

Cyanosis with shortness of breath is more frequent in pulmonary than cardiac affections.

334

Apoplexy comes from embolism in the young, thrombosis in later life, and hemorrhage in the old.

335

Varicose veins are the result of an improper selection of grandparents.

336

In any case of tuberculosis, provide proper fuel, keep the furnace in trim, remove the clinkers.

337

Cardiac murmurs disappear with a break in compensation.

338

Sore throat in children may be the only evidence of acute articular rheumatism or infantile paralysis. They enter through the tonsils.

339

A little albumen and a few casts in the urine frighten the patient and work a radical reform in some cases.

340

On palpation of a giant colon: Where you expect water you find wind, no land anywhere.

341

Heberden's nodes, a few casts, a little albumen, mean a few clinkers—too much stoking. We all have them after forty. Reduce meat and drink, flush the drain pipes frequently, keep early hours, and you may yet live to a ripe old age.

342

A greatly distended stomach is an epigastric swill barrel which should be turned up and emptied occasionally.

343

Palpitation of the heart in a medical student may be the result of a lobster salad the night before or the girl he left behind.

344

Maculae caeruleae in typhoid fever need local sanitation.

345

The odor of typhoid fever is musty-mouse-trap—the odor of a freshly found mouse nest in the barn.

346

Rose spots may be seen in proportion to the diligence of our search.

347

Cold abscesses occur in tuberculosis, typhoid fever, syphilis, and actinomycosis.

348

Gall-bladders are superfluous organs—like the appendix—one of those afterthoughts of the Almighty.

349

One can get along with a few ounces of kidney and less liver. The liver is comparatively harmless and useless. It was put in merely for packing purposes.

350

The doctor gets all the blame for thrombosis, but does not deserve it. Blame the parents for not having put better veins into their offsprings' legs.

351

Our bowels are outside of us—just a tucked-in portion.

352

Area of abdominal romance—where the head of the pancreas is enfolded in the arms of the duodenum, and the liver is nestled around.

The Fixed Period *

353

In that charming novel, "The Fixed Period," [by] Anthony Trollope . . . the plot hinges upon the admirable scheme of a college into which at sixty men retired for a year of contemplation before a peaceful departure by chloroform. That incalculable benefits might follow such a scheme is apparent to anyone who, like myself, is nearing the limit, and who has made a careful study of the calamities which may befall men during the seventh and eighth decades.

* These remarks, made in a farewell address at Johns Hopkins Medical School on February 22, 1905, were the source of a whirlwind attack on Osler by the lay press. To quote Harvey Cushing: "Knowing nothing of the whimsical reference to Trollope's novel, interposed to mask his own pain at parting, nor of the rather pathetic allusion to his own advancing years, the public at large felt that it was the heartless view of a cold scientist who would condemn man as a productive machine."

354

The teacher's life should have three periods, study until twenty-five, investigation until forty, profession until sixty, at which age I would have him retired on a double allowance. Whether Anthony Trollope's suggestion of a college and chloroform should be carried out or not has become a little dubious, as my own time is getting so short.

355

Take the sum of human achievement in action, in science, in art, in literature—subtract the work of the men above forty, and while we should miss great treasures, even priceless treasures, we would practically be where we are to-day. . . . The effective, moving, vitalizing work of the world is done between the ages of twenty-five and forty.

356

My second fixed idea is the uselessness of man above sixty years of age, and the in-

calculable benefit it would be in commercial, political, and in professional life if, as a matter of course, men stopped work at this age.

vi Epitaph

357

I taught medical students in the wards.

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